ATION FEE DETERMINATION REC Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								1101363,421					
_				tumn f)		(Column 2)			MALL EN YPE		OR	OTHER SMALL	THAN ENTITY
U.S. NATIONAL STAGE FEES									RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL	EAT. = \$ 150	LAR	GE ENT. = \$ 300	1	. 8/	ISIC FEE	-	OR	ļ	BAN 3
EX	MINATION F	EE	Satisfies Pr	CT Article 33(1)- \$ 50 / \$ 100	All c	ther situations = 100 / \$ 200	1	E	CAM. FEE		┨¨¨		Pu .
SE/	RCH FEE	<i>7</i> -	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		Allo	ther affustions = 5 250 / \$ 500		-	ARCH FEE	· ·	1	EXAM FEE SEARCH FEE	206
FEE	FOR EXTRA	SPEC. PGS.		minus 100 =		/50 =		 	X \$ 125 =	 	1		4cc
TÓI	AL CHARGEA	BLE CLAIMS	16	minus 20 =							1	X\$ 250 =	
IND	EPENDENT CI	AIMS	1	minus 3 =				\vdash	X \$ 25 =	ļ	OR	X \$ 50 =	
MUI	TIPLE DEPEN	DENT CLAIM PRI	SENT	***************************************	•	/		Ľ	(\$100=		OR	X \$ 200 ≈	<u>.</u> .
								Ŀ	\$ 180 =		OŖ	+\$ 360 =	
••		· · · · ·	ess than zero, enter "O" in			ołumn 2			TOTAL		OR	TOTAL	200
<u>-</u>		(Column 1) CLAIMS REMAINING AFTER	Turici (O	(Colum HIGH HUME PREVIO	in 2) ST IER	PRESENT			SMALL E	ADDI- TIONAL	OR	OTHER SMALL E	
AMENDMENT	Total	* 16	Minus.	PAIO 1		- / -		-	/ 6 25	FEE			FEE
MEN	Independent	. ,	Minus		<u></u>	-/		-	\$ 25 =	-/-	OR	X \$ 50 =	-/
⋖.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-/		-	\$ 100 =	<i>-</i>	OR	X \$ 200 = .	/_
	The state of the s						į	_	\$ 180 = TAL ADDIT.	/ .	OR	+ \$ 360 =	/
									FEE		OR	TOTAL ADDIT.	
		(Column 1)		(Colum		(Column 3)	٠			,		•	
MENT B		CLAIMS \ REMAINING \ AFTER ' AMENDMENT		HIGHE NUMB PREVIO PAID F	er USLY	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
NON	Total	*	Minius	**		g		×	\$ 25 =		OR	X \$ 50 =	
AMEND	Independent	<u> </u>	Minus	100		s ,		X	\$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	JLTIPLE D	EPENDENT C	LAIM			+	\$ 180 =		OR	+\$360=	
	• •			· .				TO	AL ADOIT.		OR L	TOTAL ADDIT.	
												FEE	
444	II lhe "Highes! Nu II lhe "Highes! Nu	imn 1 is less than the imber Previously Paid imber Previously Paid inber Previously Paid	For IN THIS	SPACE Is less	than 20	, enter 201, Sec	n the	e apı	propriate byw	h column 4			